

File No. S06-49
Prepared by & Return to:
MS Real Estate Closings, LLC
5699 Getwell Road, Bldg G, Suite 1
Southaven, MS 38672
662-349-1818

WARRANTY DEED

LINDA J. COLLUMS

GRANTOR

TO

KIRK N. STIEBEL

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, I, the undersigned, LINDA J. COLLUMS (Grantor), does hereby sell, convey and warrant unto KIRK N. STIEBEL (Grantee), the following described real property located and being situated in DeSoto County, Mississippi, and being more particularly described as follows, to wit:

Lot 3150, Section O, Southaven West Subdivision, situated in Sections 23 and 26, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Paged 12-13, in the office of the Chancery Clerk of DeSoto County, Mississippi

By way of explanation, R. Wayne Collums departed this life on July 21, 2005.

The warranty of this conveyance is made expressly subject to all applicable building restrictions and restrictive covenants of record, any subdivision and zoning regulations in effect, any rights-of-way, restrictions, easements or servitudes, and any lease, grant, exception or reservation of minerals or mineral rights.

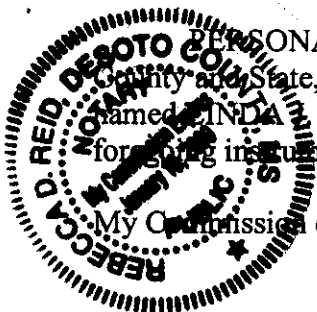
Taxes for the year were prorated.

Possession is to be given with delivery of deed.

WITNESS THE SIGNATURE of the Grantor this the 9th day of March, 2006.


LINDA J. COLLUMS

STATE OF MISSISSIPPI
COUNTY OF DESOTO



PERSONALLY appeared before me, the undersigned authority in and for said County and State, on this 9th day of March, 2006, within my jurisdiction, the within named LINDA J. COLLUMS, who acknowledged that she executed the above and foregoing instrument.

My Commission expires:


Notary Public

Grantor Address:
7 CR 507
Waterford, MS 38685
Home: 662-526-5001
Work: N/A

Grantee Address:
7945 Southaven Circle West
Southaven, MS 38671
Home: 662-280-3897
Work: 901-546-3174

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDSTYPE OR PRINT
WITH BLACK INKFILING
DATE

JUL 29 2005

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123- 05-015615

DECEASED	1. NAME First Middle Last R. WAYNE COLLUMS MALE			2 SEX MALE	3a HOUR OF DEATH 04:00a. m.	3b DATE OF DEATH (Month, Day, Year) JULY 21, 2005
	4 RACE (Specify White, Black, American Indian, etc.) WHITE		5a AGE AT LAST BIRTHDAY 64 Years	5b MOS 5c DAYS 5d HOURS 5e MINS		6 DATE OF BIRTH (Month, Day, Year) NOV. 27, 1940
	7a CITY OR TOWN OF DEATH WATERFORD		7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) 07 CR 507 WATERFORD, MS		7d IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DCA TN	
	9 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary School, College 12 1-1		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, MARRIED MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) LINDA J. WALKER	
PARENTS	12 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14 SOCIAL SECURITY NUMBER 413-64-3472		15a USUAL OCCUPATION (Kind of work done) POLICE OFFICER	
	13 RESIDENCE—STATE MISSISSIPPI		13b COUNTY LAFAYETTE		13c CITY OR TOWN WATERFORD	
	13d INSIDE CITY LIMITS NO		13e STREET AND NUMBER OR RURAL LOCATION 47 COUNTY ROAD 507		13f COUNTY ROAD 507	
	17 FATHER—NAME First Middle Last BUSTER DELANE COLLUMS		18 MOTHER—NAME First Middle Maiden EARL ONEILL JONES			
INFORMANT	19a INFORMANT—NAME (Type or print) LINDA J. COLLUMS			19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 47 COUNTY ROAD 507, WATERFORD, MS 38685		
DISPOSITION	20a BURIAL, CREMATION, REBURYAL (Specify) BURIAL		20b CEMETERY, CREMATORY—NAME FOREST HILL SOUTH		20c LOCATION (City and State) MEMPHIS, TN	
PRONOUNCEMENT	21a FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER FOREST HILL SOUTH 920		21b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD., MEMPHIS, TN 38118			
	22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) LONNIE WEAVER CMEI		22b PRONOUNCED DEAD (Month, Day, Year) ON JULY 21, 2005		22c PRONOUNCED DEAD (Hour) AT 09:30a. m.	
CERTIFIER	23a CERTIFIER—NAME (Type or print) LONNIE WEAVER CMEI			23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 291 CR 425 OXFORD, MS 38655		
	24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE MD			24b On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE MD		
	24c DATE SIGNED (Month, Day, Year) JULY 21, 2005			24d STATE LICENSE NUMBER LAFAYETTE COUNTY CORONER		
	24e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24f DATE SIGNED (Month, Day, Year) JULY 21, 2005		
CAUSE OF DEATH	25. PART I: DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only) LUNG CARCINOMA (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death			
	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		Interval between onset and death			
Had Decedent been Pregnant within 90 Days prior to Death?	27a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) NO		27b DATE OF INJURY (Month, Day, Year)		27c HOUR OF INJURY m.	
	27d INJURY AT WORK (Yes or No)		27e PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		27f LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

JUL 29 2005

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.